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APPLICANTS

John P. Donoghue, Providence, RI;
 Mijail D. Serruya, Providence, RI;
 J. Christopher Flaherty, Topsfield, MA; Brian W. Hatt, Salt Lake City, UT;
 Jon P. Joseph, Madison, WI;

** CONTINUING DATA *****
 MK

** FOREIGN APPLICATIONS *****
 MK

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY RI	SHEETS DRAWING 11	TOTAL CLAIMS 151	INDEPENDENT CLAIMS 6
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35 USC 119 (a-d) conditions met ☐ yes ☒ no Met after Allowance ☐ yes ☒ no

Verified and Acknowledged
 Examiner's Signature: *[Signature]* Initials: *MK*

ADDRESS
 22852
 FINNEGAN, HENDERSON, FARABOW, GARRETT & DUNNER
 LLP
 901 NEW YORK AVENUE, NW
 WASHINGTON, DC
 20001-4413

TITLE
 Neurological event monitoring and therapy systems and related methods

FILING FEE RECEIVED 3516	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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